

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



February 4, 2003

ALL COUNTY INFORMATION NOTICE NO. I-08-03

TO: ALL COUNTY WELFARE DIRECTORS
ALL CalWORKs PROGRAM SPECIALISTS
ALL FOOD STAMP COORDINATORS
ALL Medi-Cal PROGRAM SPECIALISTS/LIAISONS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: APPLICATION WITHDRAWAL REQUEST

REFERENCE: MANUAL OF POLICIES AND PROCEDURES (MPP) SECTIONS 40-171.23 AND 40-173.4, FOOD STAMP MANUAL SECTION 63-300.36 AND TITLE 22 CALIFORNIA CODE OF REGULATIONS SECTION 50155.

This All County Information Notice (ACIN) is to transmit the CW 89-Application Withdrawal Request (2/03). In order to ensure that applicants understand the consequence of withdrawing the application (no appeal rights) and that they may reapply at any time, this new form was developed for applicants who wish to withdraw their application for Cash Aid, Food Stamps and/or Medi-Cal. Counties who have developed their own form for application withdrawal should make sure the form uses language that clearly states that: 1) the applicant will not be able to file for a hearing, and 2) the applicant may reapply at any time.

The CW 89 is a recommended form. County Welfare Departments (CWDs) must continue to allow applicants to withdraw their application in accordance with current regulations (for Cash Aid, Manual of Policies and Procedures (MPP) Section 40-171.23, for Food Stamps, Food Stamp Manual Section 63-300.36 and for Medi-Cal, Title 22 California Code of Regulations Section 50155). When an applicant requests that the CWD withdraw their application for assistance, the counties can ask the applicant to complete the CW 89; however, the applicant is not required to do so. If the applicant chooses to complete the CW 89, a copy will be given to the applicant and the original will be placed in the case file. In both instances, the CWD must send the CW 10 to the applicant to confirm the request for withdrawal (MPP Section 40-173.4).

Camera-Ready Copies and Translations

For a camera-ready copy and/or an additional copy of an English form, please call the Forms Management Unit (FMU) at (916) 657-1907. If your office has Internet access, you may obtain various forms from the CDSS web page at: www.dss.cahwnet.gov. For Counties with access to the CDSS restricted website for NOAs, you can access NOAs at www.cdsscounties.ca.gov. If your county does not have a login and password, you can

obtain them by calling Dan Bode at (916) 654-1396. If the name, mailing address or e-mail address of your CalWORKs or Food Stamp Forms Coordinator changes, please contact FMU by telephone at (916) 657-2098 or by e-mail to fmudss@dss.ca.gov.

For new or revised forms, after you receive a copy of an English CalWORKs form, please allow six to eight weeks for the forms to be translated and mailed to your Forms Coordinator. Language Translation Services (LTS) will mail camera-ready copies of Spanish, Chinese, Vietnamese and Russian translations as soon as they become available. You do not need to initially request forms from LTS. To order additional camera-ready forms in Spanish, Chinese, Vietnamese or Russian, FAX your request to LTS at (916) 445-6711 or e-mail it to LTS@dss.ca.gov.

Your Forms Coordinator is to distribute translated forms to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited English proficient populations as required by the Dymally Alatorre Bilingual Services Act (Government Code Section 7290 et seq.) and by State regulations in Manual of Policies and Procedures (MPP) Division 21, Civil Rights Nondiscrimination, Section 115.

Stock

State produced stock of forms may be ordered from the CDSS Warehouse upon receipt of the Notice of Form Change (GEN 127), in accordance with the procedures in the County Forms Catalog.

Contacts

If you have any questions or need further information regarding the CW 89 and/or this letter, please contact Shawn Bradley at shawn.bradley@dss.ca.gov, or by calling (916) 653-8675/CALNET 453-8675.

Sincerely,
Original signed by
Charr Lee on 2/4/03
CHARR LEE METSKER, Chief
Employment and Eligibility Branch

Attachment

c: CSAC
CWDA

APPLICATION WITHDRAWAL REQUEST

I wish to withdraw my application dated _____ for:

- ☐ Cash Aid
☐ Food Stamps
☐ Medi-Cal/State-Run CMSP

Reason: _____

Please answer the following questions:

Did you decide to drop this application? ☐ YES ☐ NO

Did anyone from the County tell you to drop this application? ☐ YES ☐ NO

I understand that I may reapply at any time. I also understand that by withdrawing my application, I will have no appeal rights.

YOU WILL NOT GET A HEARING IF YOU SIGN THIS FORM. THE COUNTY WILL SEND YOU A LETTER TO CONFIRM YOUR APPLICATION WITHDRAWAL.

SIGNATURE OF APPLICANT	DATE
SIGNATURE OF APPLICANT	DATE
COUNTY REPRESENTATIVE	DATE